

**State of Rhode Island
Before the State Labor Relations Board**

In the Matter of

(Respondent)

-and-

Case No.

**UNFAIR LABOR
PRACTICE CHARGE**

(Complainant)

File **a signed original and two (2) copies** of this form with the Board. **THIS FORM MUST BE TYPED.**

1. Employer - Name: _____

Principal Place of Business (Address)

(Phone)

(Fax)

Labor Relations Representative (if known)

2. Employee Organization - Name: _____

Principal Place of Business (Address)

(Phone)

(Fax)

3. Circle one: This charge is filed against an **EMPLOYER** or an **EMPLOYEE ORGANIZATION**.

4. State the applicable section or sections of the Act which are alleged to be violated. ***Failure to specify appropriate subsection(s) may result in dismissal of charge.***

The above named **Employer** has engaged or is engaging in Unfair Labor Practice(s) within the meaning of RIGL 28-7-13 Subsection(s) _____ .

OR

The above named **Employee Organization** has engaged or is engaging in Unfair Labor Practice(s) within the meaning of RIGL 28-7-13.1 Subsection(s) _____ .

5. Summary of basis of charge. **Be specific as to names, dates, addresses, etc. (Attach additional sheets, if necessary.)**

6. Without limiting your rights to later amend your remedial request, please explain what remedy you seek.

7. Charge is being filed by or on behalf of (check one):

☐ Individual

☐ Employee Organization

☐ Employer

If '**Individual**' box is checked and the person is represented by a labor organization, in accordance with the Board's Rules and Regulations, Section 9.01.1: The Complainant "shall attach to the charge an affidavit which attests to the labor organization's refusal to file."

PETITIONER: _____

Date: _____

Signature

Print Name & Title: _____

Address: _____

Phone _____ Fax _____ Email _____